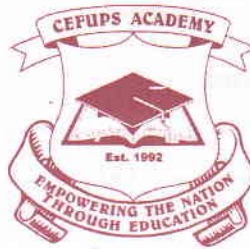


Cefups Academy



P.O. Box 2127
Nelspruit 1200
Website: <http://www.cefups.co.za>
[http:// wikivillage .co.za/cefups-academy](http://wikivillage.co.za/cefups-academy)

Eerste Geluk Campus
Tel: (013) 744 1195
(013) 744 0165

Friedenheim Campus/
Tel: +27 (13) 0070643
Cell: +27 (78) 188 9116
E-mail: admin@cefups.co.za
cefupsacademy@gmail.com
Mpumalanga Province

Emis No.: 030338

Exam. Centre No.: 6283191

Reg. No. 2007/018678/07

STUDENT NUMBER

ACCOUNT NUMBER

SECONDARY SCHOOL DIVISION

REGISTRATION FORM FOR ADMISSION YEAR.....

(Use Block Letters in Completing this Registration Form).

SECTION A (to be Completed by Applicant)

1. Proposed Grade (e.g. gr. 8,9,10,11,12)
2. Surname:
3. Names:
4. Gender: (Male/Female).....
5. Date of Birth:.....
6. ID Number:.....
7. Residential Address:.....
.....
8. Postal Address:.....
(Which address I hereby choose as my domicillium citandi et executandi.)
.....
9. Telephone Number (Home):
- Work:
10. Present Grade:.....
11. Have you ever failed a grade: (Yes/No)
12. If so, how many times..... and which grade?
13. Present School/Last School attended:
14. Address:.....
.....
15. Telephone Number:
16. Fax Number:

17. Have you ever registered with CEFUPS Academy? Yes/No: _____

If Yes, furnish your account number, in the space provided in the form.

18. Proposed subjects for the proposed standard:

(1) _____ (5) _____

(2) _____ (6) _____

(3) _____ (7) _____

(4) _____ (8) _____

19. Subjects passed of the last standard:

Marks Obtained

Marks Obtained

(1) _____ (5) _____

(2) _____ (6) _____

(3) _____ (7) _____

(4) _____ (8) _____

20. Have you applied for any financial assistance? Yes/No: _____

If Yes, state name and address of sponsor _____

21. Declaration and undertaking:

I declare that all the particulars furnished by me on this form true and correct, and I undertake to comply with the rules, regulations and decisions of the Academy, and any amendments hereto, which may be applicable to students in general and/or to the field of study for which I am registered. having read and understood the content of the Academy's prospectus, I further undertake to pay the fees of the Academy as stipulated in the Academy's prospectus, as well as legal costs on an attorney and client scale should the Academy take legal steps against me as a result of my default.

Signature

Date

SECTION B (to be completed by parent/guardian in case of a minor)

1. Surname:.....

2. Names:.....

3. Initials:.....

4. Title (e.g. Mr/Mrs/Miss):..... Home Language:.....

5. Relationship:..... Country of Origin:.....

(Please include a copy of your ID document - first page)

7. Profession/Occupation: (Father)..... (Mother).....

8. Residential Address:.....

9. Postal Address:..... Marital Status:.....

10. Telephone Number (Home):.....

(Work):.....

(Cell): (Father)..... (Mother).....

11. Declarations and undertaking:

I declare that I am a parent/guardian of..... and hereby undertake to pay the Academy the stipulated fees on his/her behalf, as well as other costs set out in clause 21 of Section A.

Signature

Date

SECTION C (Payment of Fees)

1. Who will pay the Academy's fees? (Tick the relevant space)

Guardian:.....

Parent:.....

Sponsor:.....

Self:.....

2. If guardian/parent, state surname and name:.....

.....

3. If sponsor, state name and address:.....

.....

.....

4. Method of payment: Fees of Cefups Academy are payable at registration and the balance thereof paid as outlined in the fees structures.

NB: All fees of the Academy should be paid directly to the school account preferably in advance.

5. Please also note that a student deregistering at the school will be liable to pay the full prescribed fee of the academic year, if the deregistration is not caused by the school.

NB: See the fees structure of the current academic year.

FOR OFFICE USE ONLY

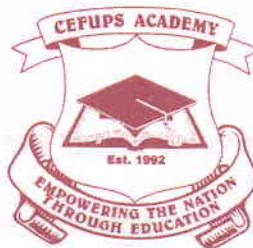
Fees Officer:.....

Date:.....

Academy Stamp:

OFFICIAL STAMP

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Mpumalanga Province

Reg. No. 2007/018678/07

HOSTEL DWELLERS PARTICULARS

General Information

SECTION A

1. Surname:
2. Names:
3. Grade:
4. Reason for applying for boarding:
.....
.....
5. Behavioural or learning disabilities:
Does the child suffer from any behavioural or learning disabilities?
6. If yes, state the nature of such disability
.....
7. Have you ever been expelled from hostel? and/or school?
8. If yes, state the reason:
.....
.....
9. Parents contact numbers in case of emergency:
Father Mother
(home) (work)
(cell) (cell)
10. Contact numbers for the next of kin of a child in case of emergency:
Name:
(home) (cell) (work)

Catering

Section B

1. Food allergies:
.....
.....
.....
the above allergies must be accompanied by a doctor's certificate

Medical Treatment

SECTION A

1. The hostel staff takes care of home nursing to the best of their ability, making use of the school medicines. I, _____ (parent/guardian) understand that the fees payable do not cover the cost of professional medical treatment (doctor, dentist, hospitalization, prescriptions, etc.)

In the event of illness or accident where I cannot be consulted in time, I give my consent that the Principal or person on duty:

May take the necessary steps to ensure the best available medical treatment.

May give permission in my behalf for an emergency operation should the practicing physician deem it necessary.

I will be responsible for the cost if I do not have Medical Aid.

My Medical Aid details are:

Company: _____ Policy Number: _____

Expiry Date: _____ Tel. Number: _____

The policy gives the following cover: _____

Information pertaining the child's present state of health, handicaps or ailments:

i) Allergies: _____

to food or medication (Anti-biotic, Penicillin, Paracetamol)

ii) Ailments: _____

Asthma, High Blood Pressure, Migraines (etc)

iii) Medication taken by the child if he/she suffers from one of the above ailments: _____

Signature: _____ Date: _____